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ABSTRACT

This paper discusses a national survey of employee benefits designed to investigate the extent to which employers have independently implemented basic components of a comprehensive maternity plan. Components include: (1) standard policies that set the period of leave; (2) job-protected medical leave for maternity; (3) employer contributions to health insurance during medical leave; (4) wage replacement during the medical leave; (5) family leave after the maternity-related disability; and (6) a reduced work schedule following medical leave for maternity. The survey was conducted in nearly 100 communities around the country. A total of 2,243 organizations completed questionnaires. Results show that large employers are more likely than small employers to ensure leave benefits by incorporating them in personnel policies. Large employers are also more likey to provide eight or more weeks of job-protected medical leave for maternity, make payments toward health insurance coverage during leave, and provide at least partial wage replacement. However, small employers are just as likely as large employers to offer some family leave to working mothers and are more likely to allow women to return to their job on a reduced work schedule after childbirth. (RJC)

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MEDICAL AND FAMILY LEAVE

BENEFITS AVAILABLE TO FEMALE WORKERS IN THE UNITED STATES

March 1987

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MEDICAL AND FAMILY LEAVE BENEFITS CURRENTLY AVAILABLE TO FEMALE WORKERS IN THE UNITED STATES*

The NCJW Center for the Child -- a research center established by the National Council of Jewish Women -- recently completed a national survey of employee benefits. The survey is part of a larger research project, *Mothers in the Workplace*, which is currently investigating the impacts of leave policies and fringe benefits on the lives of individual workers and their families. The survey was conducted in nearly 100 communities around the country by trained volunteers under the auspices of local NCJW affiliates. Although the broad purpose of the survey was to find out how well the needs of working parents are served by the policies, practices, and fringe benefits in the places where they work, special attention was paid to the situation of working mothers, who typically maintain primary responsibility for child-rearing in addition to their responsibilities as wage earners.

In 1950, only 12% of women with children under six years of age were in the paid labor force. In 1986, that proportion had grown to 54%, due to the changing economic role of married women within the family, and to the increasing number of families maintained by women. In contrast to previous generations, *most* women now remain in the paid labor force after they marry and have children, providing income that is essential to family well-being. As for divorced and single women who maintain families, the alternative to work is welfare dependence and poverty.

As family economies and the national economy grow increasingly dependent upon the labor and earnings of working mothers, the difficulties they have reconciling work and family responsibilities become a matter of national concern. If women cannot work and at the same time be mothers without jeopardizing their earning potential, their health, the well-being of their children, and the quality of family life, we face serious problems as a society.

In the United States, unlike other industrialized countries, working mothers and fathers rely on their own resources and on the good will of their employers, rather than on government regulations and programs, to obtain health insurance coverage for their families, take time away from work for maternity, arrange child care, and meet the many other responsibilities they have as parents. As the number of families in which both parents work, or the only parent works, grows, the adequacy of "family policies and benefits" in the workplace becomes increasingly important to workers when they evaluate employment opportunities and to employers who must compete for working parents in the labor market.

Although the efforts of employers to address the special needs of working parents have received growing attention over the past few years, available information is quite incomplete. Most national surveys of employee benefits (e.g., Bureau of Labor Statistics, 1986; Catalyst, 1986; Conference Board, 1978) have focused on large employers in the private sector. Yet, small businesses (with under 100 workers) employ about half of workers in the private sector of the U.S. economy, while federal, state, and local governments employ additional millions. In order to obtain a more complete picture, we made a special effort to include both small businesses and public agencies in our survey.

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* Based on testimony submitted by James T. Bond, Director, National Council of Jewish Women, Center for the Child, to the U.S. Senate Subcommittee on Children, Families, Drugs and Alcoholism (February 19, 1987) and to the U.S. House of Representatives Subcommittees on Labor-Management Relations and Labor Standards (March 12, 1987).

How the Study Was Conducted

Information was obtained using a standard questionnaire. Each completed questionnaire describes the policies and fringe benefits that apply to a specific *group of workers* -- that is, to persons employed in a particular occupation in a particular company or organization in the local economy.

Frequently, information was obtained about more than one occupational group in a single company or organization. For example, a manufacturing company might have been asked to provide information separately for *administrative support staff* (including secretaries and data processors) and *blue-collar, production workers*. A hospital, on the other hand, might have been asked to complete separate questionnaires for *registered nurses* (who are professionals), *medical technicians* (including lab technicians and licensed practical nurses), and *service workers* (including food service workers and nurses' aides). It was necessary to ask employers about specific occupational groups, rather than about workers in general, because of the fact that policies and benefits are frequently different for workers employed in different positions with the same employer. **All findings from this survey are reported in terms of the number (or %) of groups of workers (not individuals) who are affected by particular policies and benefits.**

Who Was Surveyed

A total of 2,243 and organizations completed 3,892 questionnaires, each describing a specific group of workers. The selection of companies and organizations followed a sampling plan designed to ensure diversity of both types of employers and types of occupations. Approximately 4,470,000 persons are employed in the 3,892 occupational groups surveyed. Of these workers, 52% (or about 2,320,000) are women.

Of the groups surveyed, 27% represent *Managerial and Professional* occupations; 48%, *Other White-Collar* occupations; and 25%, *Service* and *Blue-Collar* occupations. This distribution of groups approximates the distribution of female workers by occupations nationally -- 24% managerial and professional, 52% other white collar, and 24% service and blue collar (Current Population Survey, March 1986). The category *Managers and Professionals* is self-explanatory. The category *Other White Collar* combines three more specific occupational groups: *Technical, Sales,* and *Administrative Support*. The category *Service & Blue Collar* combines all remaining occupational groups. Of the groups surveyed, 20% are represented by a union.

All levels of government and all classes of industry in the private sector except *construction*, *mining*, and *agriculture/forestry/fishing* are represented in the sample by 100 or more groups of workers. The companies and organizations providing information varied significantly in size -- that is, in the number of workers they employ at all locations in the United States. Thirty-one percent of groups surveyed work for *Small Employers* (less than 100 employees nationally); 17% for *Mid-Size Employers* (100-499 employees nationally); and 52% for *Large Employers* (500 or more employees nationally).

Since the survey did not employ random sampling of either establishments or workers, unqualified generalizations from aggregate sample statistics to the population of employers or of employees in the United States are inappropriate. Nonetheless, the sample is sufficiently diverse and large to illustrate the full variety of policies and benefits offered by employers in the United States. Moreover, the statistics presented for subsamples of the total survey sample should closely parallel population statistics for the same groups.

Medical and Family Leave Benefits for Maternity

The survey investigated the extent to which employers have independently implemented various basic components of a comprehensive maternity policy:

Standard policies setting the period of leave for all workers

Job-protected medical leave for maternity, whether paid or unpaid

Employer contributions to health insurance during medical leave

Wage or salary replacement during the period of medical leave

Family leave subsequent to the period of maternity-related disability

Reduced work schedule following medical leave for maternity

We did not examine leave benefits for fathers, adoptive parents, or parents of seriously ill children.

Standard Leave Policies: Even in very large companies leave benefits are not always set by standard policies; among small employers, they hardly ever are. In order to include small employers in the survey it was necessary to accommodate their less formal personnel practices. Thus, in the absence of standard leave policies we asked employers to describe the arrangements actually made in the *most recent case*. Although arrangements made in the most recent case might not characterize *normal practice* for a particular employer, these data should represent normal practice in the aggregate for employers who do not have standard leave policies.

The distinction between standard policies and informal practices is extremely important to both employees and employers. Employers who implement standard, written policies are essentially bound by them. While they can offer more favorable terms of leave to selected employees, they cannot offer less than policy guarantees. Employers who are not bound by standard policy are able to set benefit levels on a case-by-case basis, offering very favorable terms of leave to reward a valued employee or no leave at all if they want to force an unwanted worker's resignation. Such flexibility is highly valued by *hands-on managers*, particularly owners/managers of small businesses but also supervisors/managers in larger organizations, who are directly involved in the day-to-day tasks of training, motivating, supervising, evaluating, hiring, and firing. As for employees, those covered by standard policies can be sure of certain minimum benefits; however, those not covered by standard policies are guaranteed nothing and must negotiate whatever benefits they can. Though the absence of mechanically implemented standards allows some workers to tailor leave benefits to their special needs, the absence of standards also introduces uncertainty and places some workers at considerable risk.

Job-Protected Medical Leave: The foundation of any maternity policy is job-protected medical or disability leave. All women experience a period of temporary disability surrounding childbirth. Indeed, most physicians consider eight weeks (two weeks prior to delivery and six weeks after) to be the minimum amount of medical/disability leave needed by a woman experiencing a normal pregnancy and delivery. Thus, a policy guaranteeing eight weeks of medical leave for maternity might be considered minimally responsive to the physical needs of working women. Our findings are reported in terms of how many groups of workers receive *eight or more weeks of job-protected medical leave for maternity* by either standard policy or normal practice, with or without pay.

Employer Contribution to Health Insurance During Leave: One of the most valuable fringe benefits available to employees is health insurance entirely or partially paid for by their employer. It is particularly important when a worker is faced with the substantial medical expenses associated with prenatal care, delivery, and post partum maternal and infant care. Our findings are reported in terms of how many groups of workers receive *eight or more weeks of medical leave with continuing health insurance coverage paid (at least in part) by their employers.*

Wage or Salary Replacement During Leave: Many women cannot afford to take full advantage of the leave they are offered for maternity and parenting because of lost earnings. Foregoing even eight weeks' pay for medical leave may be impractical at a time when family expenses are extraordinarily high. Five states (New York, New Jersey, Rhode Island, California, and Hawaii) require employer and/or employee participation in *temporary disability insurance* plans, which provide partial wage replacement during periods of short-term disability resulting from maternity and other causes. However, only California also requires that a woman's job be protected during periods of maternity-related disability. Our findings are reported in terms of how many groups of workers receive *eight or more weeks of job-protected medical leave with (at least partial) wage replacement.*

Family Leave: Parental or family leave (following medical leave for maternity) is a fairly new concept for most employees and employers. Moreover, marginal comments on returned questionnaires suggest that where it is offered, it is the leave benefit least likely to be formalized in standard policy. Marginal notes also indicate that leave time offered for parenting is frequently not called or even thought of as "parental" or "family" leave, but falls under the rubrics of *unpaid leave of absence, personal leave*, and so forth.

Family leave is intended to provide for early infant care, the development of healthy parent-infant relationships, and the integration of the newborn into family life. With large numbers of women now returning to work within several weeks of childbirth, pediatricians and psychologists have expressed growing concern about the possible negative consequences of an early return to work for mother, infant, and the family unit. Our findings are reported in terms of how many groups of workers receive *some amount of family leave in addition to eight or more weeks of medical leave. Some amount* most often means four weeks (the mode or most frequent response).

Reduced Work Schedule: The opportunity to work less than full time for some period following medical leave for maternity allows working mothers to be more involved in the care of their newborns and helps them cope with the physical and emotional demands of integrating a new baby into family life. Particularly for women receiving unpaid leaves who must continue to bring home a regular paycheck (albeit smaller than usual), a temporarily reduced work schedule allows them to return to work sooner than would otherwise be feasible or healthy. Our findings are reported in terms of how many groups of workers are *very likely to be allowed to return to work on a part-time basis following eight or more weeks of medical leave for maternity.*

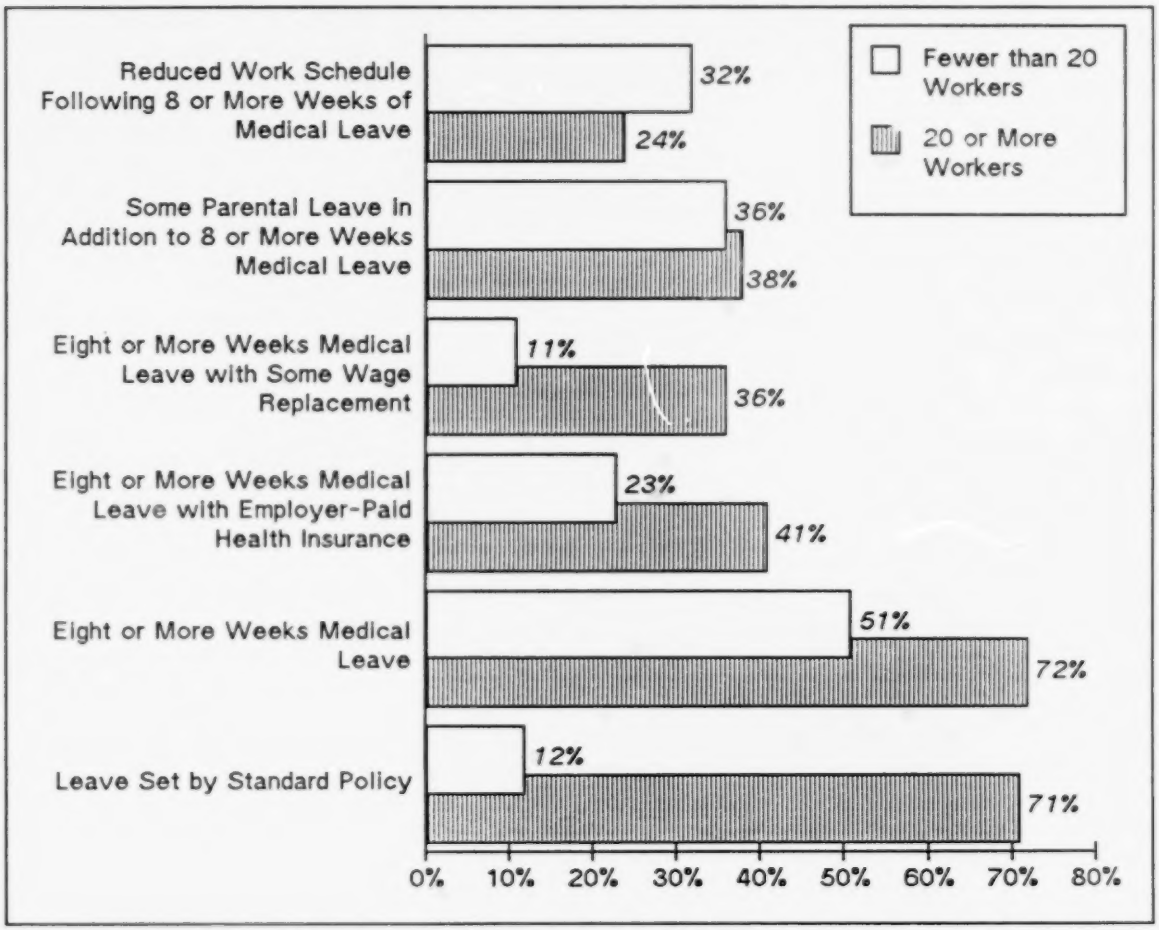
Variations in the Leave Benefits Available to Different Groups of Workers

With the exception of special statutes in several states and requirements of the federal Pregnancy Discrimination Act of 1978, maternity policies in the United States are determined by individual employers. Consequently, they vary considerably from one workplace to another.

Variation by Size of Employer

Chart 1 (below) compares the leave benefits provided by larger employers (20 or more employees) with those provided by small employers (fewer than 20 employees). Employers were grouped in these two categories in order to compare (as nearly as possible given the way our data were collected) employers who would be exempted from the proposed Family & Medical Leave Act (H.R. 925) with those who would not. [H.R. 925 would exempt employers with fewer than 15 employees.]

Chart 1: Groups of Workers Receiving Various Leave Benefits by Size of Employer
(Number of Groups: small employers = 640; large = 3,201)



Larger employers are far more likely than small employers to *ensure* leave benefits by incorporating them in standard personnel policies. They are also more likely to provide eight or more weeks of job-protected medical leave for maternity, to make payments toward health insurance coverage during leave, and to provide at least partial wage replacement.

Contrary to what one might expect, however, small employers are just as likely as larger employers to offer some family leave to working mothers, and they are more likely to allow women to return to their job on a reduced work schedule following childbirth.

The provision of eight or more weeks of job-protected medical leave for maternity is now the norm in the American workplace: 72% of groups working for larger employers and 51% working for small employers receive at least eight weeks of medical leave. However, substantially fewer groups receive *financial benefits* (payments by employers to health insurance plans and wage replacement) while on leave. Of the groups of workers surveyed, 41% working for larger employers, but only 23% working for small employers, are covered by health insurance plans to which their employers contribute during medical leave. Fewer still receive paid medical leaves: 36% among larger employers, but only 11% among small employers. [Of course the Family and Medical Leave Act does not require that leaves be paid or that employers contribute to their employees health insurance plans, only that the pre-existing health insurance plan be continued.]

These findings stand in sharp contrast to those reported by Catalyst (1986) from its study of medical and family leave benefits among Fortune 1500 companies almost all of which employ more than 1,000 workers. Specifically, their researchers found that over 90% of the employers they surveyed (total n = 386) offer medical leaves with full or partial pay and full continuation of benefits. The discrepancy between their findings and ours is almost certainly due to the fact that while our sample included a smattering of the very largest employers in the country, their sample consisted exclusively of a self-selected group of such employers. Indeed, our findings are more in line with (though not strictly comparable to) those reported in earlier studies by Quinn and Staines (1979) and Kamerman, Kahn, and Kingston (1983). It is important to remember that while 1 in 6 workers in the private sector is employed in a company with 1,000 or more workers, 1 in 4 works for a company with fewer than 20 employees and 1 in 2 for a company with fewer than 100 employees.

When it comes to *non-financial leave benefits* (family leave and reduced work schedules following medical leave), small employers are as accommodating as larger employers. Of the groups of workers surveyed, slightly more than 1 in 3 receive some family leave following medical leave for maternity regardless of employer size. The most frequently offered amount of leave is four weeks. As for reduced work schedules, nearly 1 in 3 groups working for small employers, but only 1 in 4 working for larger employers, are *very likely* to be allowed to return to work on a part-time basis following medical leave.

These findings cast some doubt on widespread claims that the extended leave requirements of the Family and Medical Leave Act would impose greater hardships on small employers than on larger ones. In the case of family leave, we found no correlation between size and the provision of some unpaid family leave benefits. In the case of reduced work schedules following medical leave, we found a modest inverse correlation between size and the provision of part-time arrangements for women returning from childbirth. A more detailed presentation of findings regarding reduced work schedules follows:

Size of Employer Based on Number of Employees	**Groups of Workers Very Likely to Be Allowed to Return on Part-Time Basis After 8 or More Weeks of Medical Leave**
1 - 19 Workers	32%
20 - 99 Workers	35%
100 - 249 Workers	29%
250 - 499 Workers	24%
500 or More Workers	20%

Although most employers provide some of the five basic leave benefits considered above, hardly any provide all of them whether by standard policy or practice:

Number of Leave Benefits Provided	% of Groups of Workers Receiving: Small Employers (< 20 Workers)	Larger Employers (>= 20 Workers)
None	49%	28%
One or more	51%	72%
Two or more	49%	66%
Three or more	36%	46%
Four or five	14%	17%
All five basic leave benefits	3%	3%

Differences between small and larger employers decrease as leave benefit packages become more generous.

Differences Between the Public and Private Sectors: Employers with 20 or More Workers

Public sector employers include city, county, state, and national government as well as public schools. Groups of workers in the public and private sectors are equally likely to receive eight or more weeks of job-protected medical leave for maternity; however, paid medical leaves, employer contributions to health insurance plans during leave, and reduced work schedules following medical leave are more often available in the private sector. In contrast, family leave subsequent to eight or more weeks of medical leave is more often available to workers in the public sector.

Variation by Union/Non-Union Status: Employers with 20 or More Workers

Groups of workers represented by labor unions are somewhat more likely to receive job-protected medical leaves of eight or more weeks (81% versus 70% for non-union groups) and much more likely to receive some family leave in addition to medical leave (55% versus 33% for non-union groups). Otherwise, union and non-union workers receive very similar leave benefits.

Since labor union membership continues to decline (currently about 18% of the workforce nationally; 20% of our survey sample), any improvement in the leave benefit packages available to most workers will not be the product of collective bargaining.

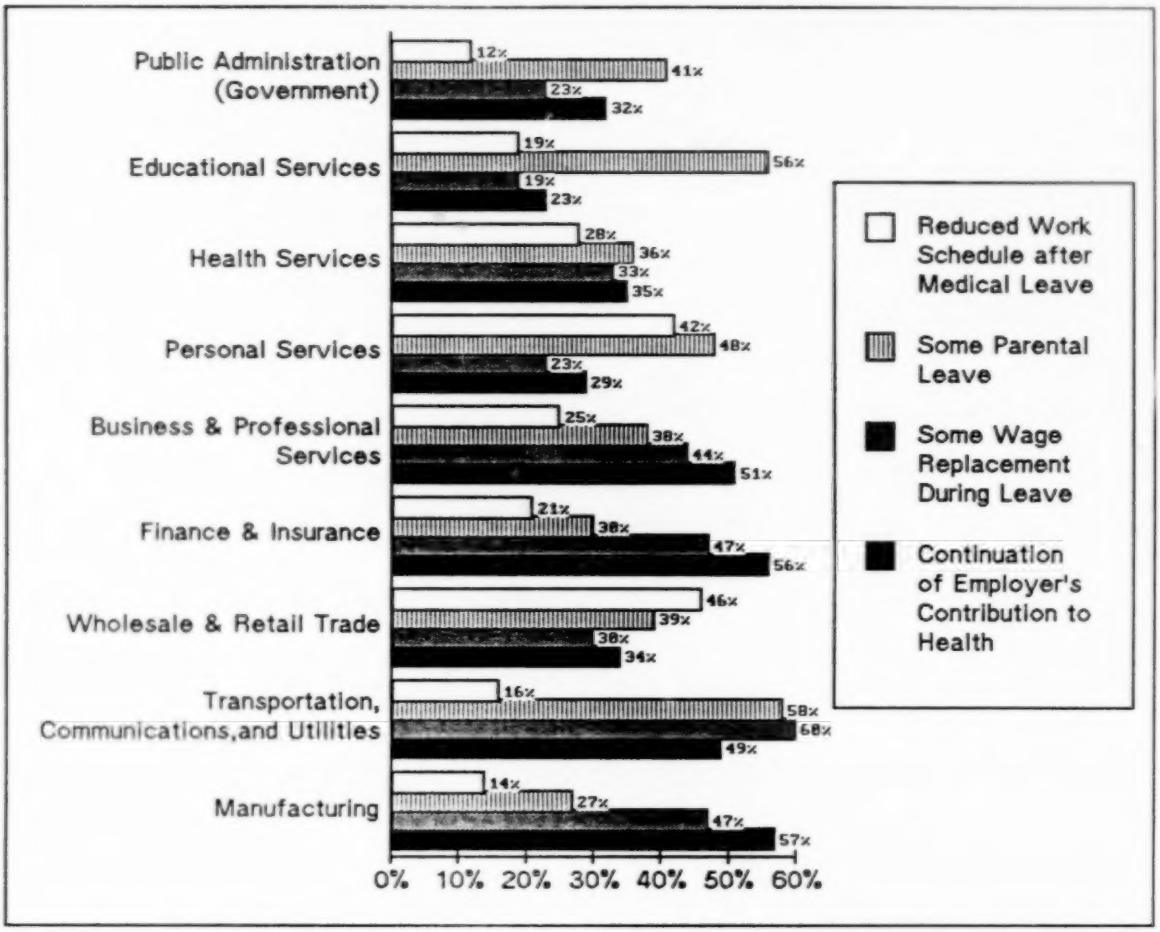
Variation by Region: Employers with 20 or More Workers

Comparing the Northeast, Central, Southern, and Western regions of the United States, we found that groups of workers in the Northeast fared consistently better and groups in the South, consistently worse than groups in the other regions. The most striking variation was the availability of paid medical leave -- 48% of groups in the Northeast receive paid medical leaves, while only 21% of groups surveyed in the South receive any wage replacement during medical leave. The corresponding figure for both the Central and Western regions was 36%.

Variation by Industry: Employers with 20 or More Workers

Though the availability of eight weeks or more of job-protected medical leave does not vary significantly by type of industry, other benefit components vary dramatically as shown in Chart 2 (below).

Chart 2: Comparison of Leave Benefits Received by Groups of Workers in Different Industries
(Number of Groups: Average of 341 per Industry)



No industry offers consistently more favorable benefits than were found for the total sample. *Financial benefits* (paid leave and employer payments to health insurance plans during leave) are most generous in the *Transportation/Communications/Utilities, Manufacturing, Finance and Insurance,* and *Business and Professional Services* industries. They are least generous in the *Wholesale and Retail Trades, Personal Services, Educational Services* (mainly public schools), and *Public Administration* (government).

The availability of *non-financial leave benefits* (family leave and part-time return) by industry is more difficult to characterize. Only the *Personal Services* industry is more likely than average to offer <u>both</u> family leave and reduced work schedules following medical leave for maternity. Some family leave is most likely to be offered by the

Transportation/Communications/Utilities industries (58% of groups) and *Educational Services* (56% of groups). Family leave is least likely to be offered in *Manufacturing* industries (27% of groups). Reduced work schedules following medical leave for childbirth are most likely to be offered by the *Wholesale and Retail Trades* (46% of groups) and *Personal Services* (42% of groups). Reduced schedules are least likely to be available in *Public Administration* (12% of groups), *Manufacturing* industries (14% of groups), and *Transportation/Communications/Utilities* industries (16% of groups).

Differences Among Broad Occupational Groups: Employers with 20 or More Workers

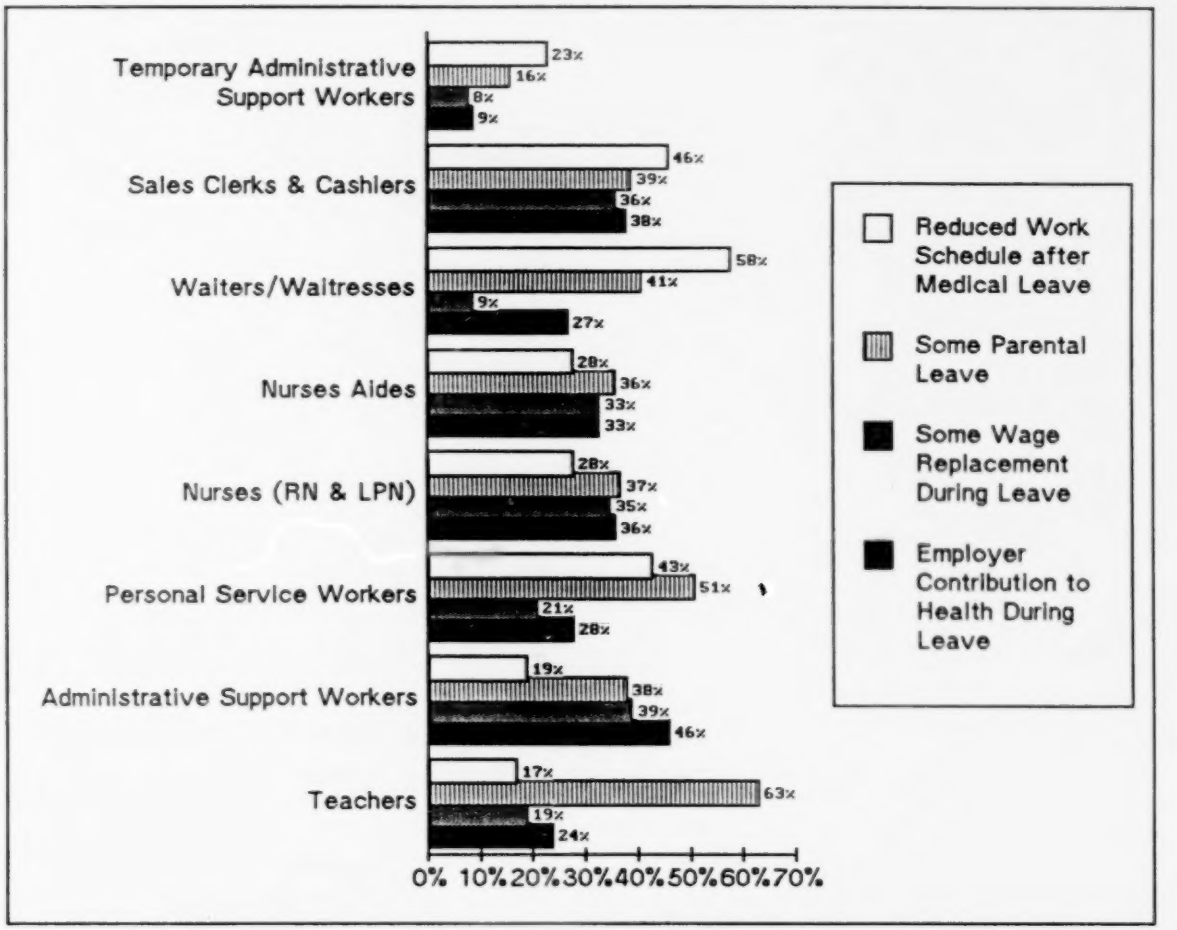
We compared the leave benefits received by three broad occupational groups -- *Managers and Professionals*, *Other White Collar Workers*, and *Service and Blue Collar Workers*. Though differences among these groups are not great, they tend to favor managers and professionals over other occupational groups. The most notable differences occur with respect to wage replacement during medical leave (47% of *management* and *professional* groups receive paid leaves versus 34% of *service and blue collar* groups, with *other white collar* in the middle) and employer contributions to health insurance during medical leave (41% of management and professional groups receive this benefit versus 28% of service and blue collar groups, with other white collar in the middle). The only exception to this pattern is found in the availability of part-time work upon returning from medical leave: service and blue collar workers are somewhat more likely to be allowed reduced work schedules upon returning from leave (27% of groups) than are managers and professionals (21% of groups).

Variation by Selected Occupational Subgroups with High Proportions of Female Workers: Employers with 20 or More Workers

Chart 3 (page 10) shows the variation in leave benefits for selected occupational subgroups. All of these groups have high proportions of female employees, and all but one -- *Administrative Support Workers* -- are projected to experience high rates of growth through 1995. The availability of eight or more weeks of job-protected medical leave among these occupational subgroups was quite similar to findings for the sample as a whole, with the exception of *Temporary Administrative Support Workers* in which category only 28% of groups surveyed received as much as eight weeks of job-protected medical leave.

Regarding the findings presented in Chart 3, no occupational subgroup is consistently above average, nor is any consistently below average. Groups of workers in two occupations -- *Nurses* and *Nurses Aides* -- are about as likely as the average group to receive benefits in all four areas. *Sales Clerks and Cashiers* are about as likely as average to receive financial benefits (paid medical leave and employer payments to health insurance during leave) and some family leave, but are much more likely to be able to arrange part-time work after medical leave. *Administrative Support Workers* who are permanently employed are about as likely as average to receive financial benefits and some family leave, but less likely than average to be able to return to work on a reduced schedule following medical leave. *Personal Service Workers* are less likely to receive financial benefits during leave, but more likely to receive non-financial leave benefits than the average. *Waiters/Waitresses* are most likely to be able to arrange part-time work, while *Teachers* are most likely to be offered family leave (often for one year or more).

Chart 3: Leave Benefits Received by Selected Groups of Workers with High Proportions of Female Workers
(Number of Groups: Average of 262 per Category)



Finally, *Temporary Administrative Support Workers* are unlikely to receive any leave benefits for maternity, or any fringe benefits at all for that matter. Other so-called *contingent workers* -- such as persons working part-time, private household workers who are frequently paid "off the books" and independent contractors like real estate sales agents -- find themselves in similar situations. The majority of employees in these groups, too, are female.

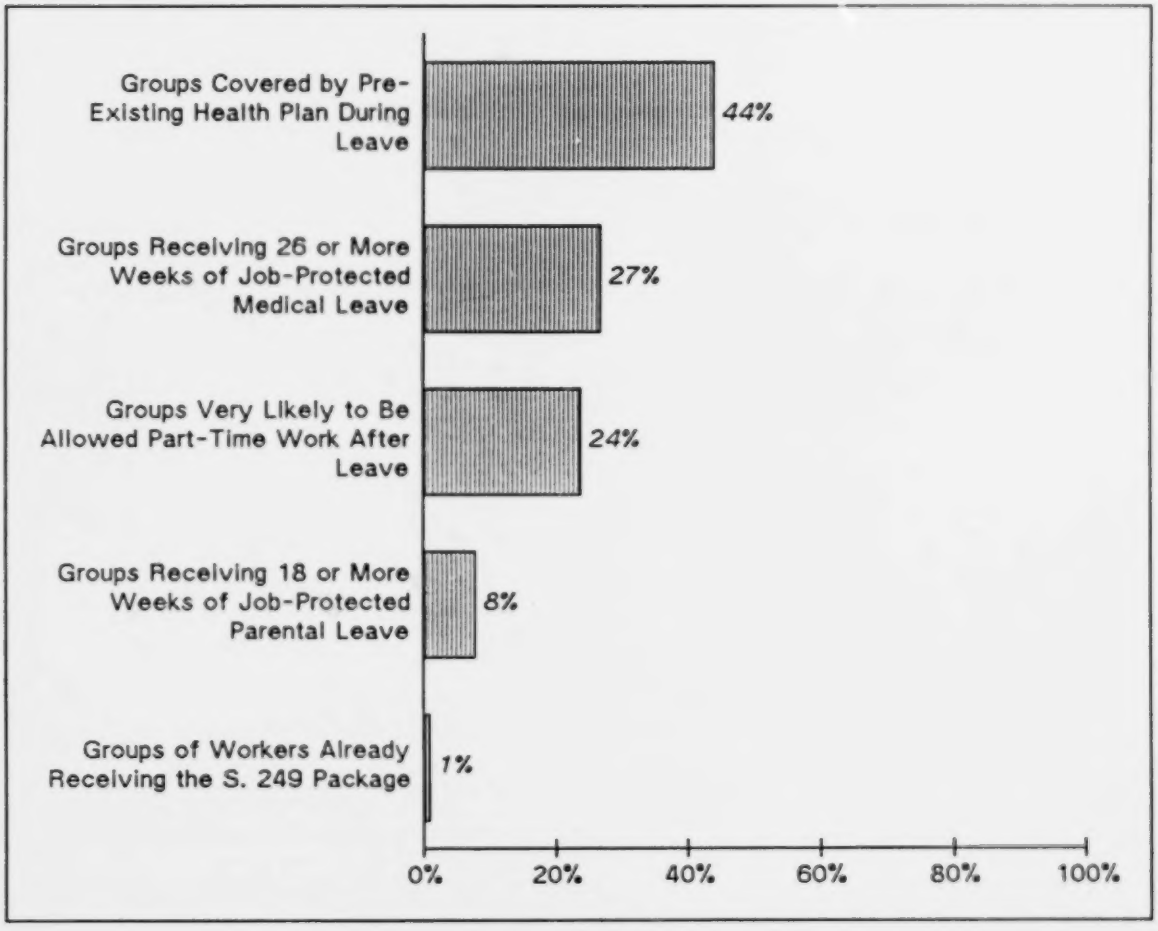
We found that in 31% of groups working for larger employers part-time workers receive no benefits at all. The proportion of groups in which part-time workers receive no benefits increases to 58% among small employers (fewer than 20 employees). In only 11% of groups do part-time workers receive the same benefits as full-time workers. About 27% of women compared with 10% of men in the labor force work part-time, and part-time employment is growing more rapidly than full-time employment, mainly in the retail trade and service industries (Nardone, 1986). The Family and Medical Leave Act would significantly increase the availability of unpaid, job-protected medical and family leaves (if not financial benefits) for part-time workers.

Current Availability of Leave Benefits at the Levels Proposed in the Family and Medical Leave Act (H.R. 925)

Chart 4 (below) presents our best estimate of how many groups of workers currently receive leave benefits for maternity that meet or exceed the standards embodied in the Family and Medical Leave Act introduced in the U.S. House of Representatives (H.R. 925). First, it is important to note that we **only considered leave benefits available to female workers for maternity and parenting of their newborns**. Second, **only employers who ensure leave benefits by standard policies were considered to be in compliance with the proposed requirements of the Act.**

The leave components included in our analysis were: *26 or more weeks of job-protected medical leave, whether paid or unpaid; continuation of pre-existing health plans, with or without employer contribution; 18 or more weeks of job-protected family leave available to female workers subsequent to medical leave;* and *reduced work schedule "very likely" available subsequent to medical leave.*

Chart 4: Groups of Workers Currently Receiving the Leave Benefits Required by the Family and Medical Leave Act: Employers with 20 or More Workers
(Number of Groups = 3,201)



A substantial number of the groups surveyed receive one or more of the component benefits of the Family and Medical Leave Act: 44% are covered by pre-existing health plans, at least during medical leave; 27% receive 26 or more weeks of job-protected medical leave; and 24% are very likely to be allowed to return to their jobs on a reduced work schedule following medical leave. However, only 12% of groups receive as much as 18 weeks of job-guaranteed family leave.

When these four components are packaged as proposed in the Family and Medical Leave Act, we find that hardly any female workers (only 1% of groups surveyed) are currently guaranteed leave benefits for maternity that would satisfy the requirements of the Act. Had we also considered the availability of leave benefits for working fathers, adoptive parents, and parents of seriously ill children, the percentage of groups whose employers are already in compliance with the requirements of the Act would most likely drop to zero.

One should not conclude on the basis of these findings, however, that passage of the Act would have dramatic impacts on all employers. It is simply not the case that most workers would utilize the maximum medical and family leave benefits guaranteed under the Act.

Indeed, job-protected medical leave could only be taken as required for medically verified disability, and fortunately, very few workers are ever disabled for 26 weeks. The mean period of disability for maternity is about 10 weeks -- 8 weeks for women experiencing a normal pregnancy and vaginal delivery, 10 weeks if delivery is by C-section (23% of deliveries in 1985), more if there are additional complications. The findings of our survey strongly suggest that the majority of employers with 20 or more employees currently provide enough job-protected disability leave to meet the needs of the vast majority of their employees in cases of maternity as well as other short-term disabilities. Although 8 to 12 week medical leaves for maternity are undoubtedly disruptive of the workplace, this disruption is apparently something with which most employers of all sizes have already learned to cope effectively and economically, out of self-interest rather than compliance with law. The most significant impact of the Family and Medical Leave Act in this area would be to formalize the currently informal practices of about 30% of employers.

Regarding continuation of pre-existing health plans during leave, the impact of the Act would be greater. Forty-four percent of groups working for employers with 20 or more employees are currently covered by "pre-existing health plans" (contributory and noncontributory) at least during medical leave. This leaves 56% of groups whose employers normally make some contribution to health insurance, but currently discontinue their contributions during periods of leave. The Act would guarantee all employees, who are covered by plans to which their employers make contributions, continuing coverage and contributions during periods of personal medical leave when they face substantial health care expenses, as well as during family leaves when normal health care expenses continue and extraordinary expenses (such as those generated by a seriously ill child) may arise.

Impacts in the area of family leave, including reduced work schedules following medical leave, are the most difficult to estimate. It is, of course, extremely unlikely that most parents will utilize the maximum unpaid leave benefit of 18 weeks. Most working simply cannot afford to forego regular earnings from their jobs. A 1983 poll of the broadly middle-class readership of Working Mother magazine (October 1983) revealed that 52% of mothers returned to work when they did following childbirth because they "needed the money." Another 9% said that they returned to work because staying out longer would have affected their careers. It appears that only 17% ran out of leave and returned to save

their jobs. Thirty-one percent of women polled returned to work within six weeks; 66%, within 12 weeks.

More directly relevant to the question of likely utilization of family leave by new mothers is information recently provided to us by a large corporation that offers two months of unpaid family leave as a matter of standard policy. In their experience, less than one half of women request any family leave following medical leave for maternity, and only 1 in 5 takes the full two months offered.

Regarding utilization of family leave by fathers, Catalyst (1986) reported that only 9 of 114 companies offering unpaid family leaves to new fathers indicated that men actually availed themselves of this benefit. Although the attitudes of employers and working fathers toward the appropriateness of men taking such leave may gradually change, for now new fathers seem unlikely to request any amount of family leave. Moreover, the fact that working fathers are generally the primary wage earners in their households makes it all the more difficult for them to take unpaid leaves of absence from their jobs, whatever the reason. Thus, it seems highly unlikely that substantial numbers of new fathers or mothers will request *extended* family leaves, contrary to fears expressed by representatives of the business community before this joint Subcommittee.

In sum, available evidence suggests that the impact of the Act on employers, while significant, would not be as dramatic as some representatives of the business community would have us believe. Moreover, when weighing the *cost* to employers of complying with the Act, the *value of benefits* produced for employers themselves, as well as for children, families, and society must not be overlooked.

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More comprehensive, empirically based estimates of the likely impacts of the Family and Medical leave Act would surely be welcomed by both proponents and opponents of the bill. As the Center's *Mothers in the Workplace* project progresses, we hope to learn considerably more about the leave-taking preferences and behaviors of working parents through repeated interviews with over 2,000 working mothers. Findings from this research will be available in the fall of 1987.